			· · ·		/	W				10	170	9551	18
,~ P/	ATENT	APPLICATI Effe	RD	Application or Docket Number									
		CLAIMS A		(Column 1) (Column 2)					NTITY		OTHE	R THAN	1
TOTAL	CLAIMS	3 .	(30)				TYPE		FEE	OR T		LENTITY	4
FOR			NUMBE	R FILED	NUM	NUMBER EXTRA		FE	+	,	RATE BASIC FE	FEE 770.00	-
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MULTIPL	E DEPE	NDENT CLAIM F				X43			<u> </u>	OR	X86=	<u> </u>	4
If the difference is column 1 is less th							+14	5=		OR	+290=		
If the difference in column 1 is less than zero, enter "0" in column 2						column 2	TOT	AL		OR	TOTAL	1325	1
Claims Claims Column 2 Column 3 Claims Claims							SMA	LL	ENTITY	OR		R THAN ENTITY	
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									- · · · ·	1	+290=		↱
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4.14	PE	(Column 1)		(Colum	n 2)	(Column 3)	ADDIT. I	EE.	<u> </u>	JOR ,	ADDIT. FEE		1
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR	X86=		
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=		
the "Hi "If the "Hi	ghest Nurr ghest Nurr	ADDIT. FE	E			TOTAL DDIT. FEE							
The Hig	hest Numl	per Previously Paid	For (Total or	Independent) is the I	ાં કાર્યા 3. highest number f	ound in the	app n	opriate box				
PTO-875	(Rev. 10/	n31									STATEMENT OF	•	